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Harnessing the Communities of Resilience and Excellence Framework to Advance Population Health: The Healthy West Kendall Experience.

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ABSTRACT

Introduction: Fragmented community efforts often dilute health-improvement initiatives. The Communities of Resilience and Excellence (C.O.R.E) Guide offers a Baldrige-based systems approach that aligns cross-sector partners around shared metrics and continuous improvement cycles for collective impact. West Kendall, an unincorporated area of Miami-Dade County with over 340,000 residents, adopted the framework in response to rising chronic disease burden and socioeconomic disparities.

Methods: West Kendall Baptist Hospital served as the backbone organization that aligned multi-sector partners, implemented evidence-based interventions, and tracked community-level outcomes. We conducted a cross-sectional evaluation of the Healthy West Kendall initiative's impact across various regions in Miami-Dade County and overall U.S. data, utilizing the C.O.R.E. Guide as our framework. Trends were compared from 2022 to 2024.

Results: Implementation of the C.O.R.E Guide and initiative portfolio resulted in measurable gains across the community. Over 37,000 free biometric screenings and nursing interventions were provided. Among returning visitors, 85% improved glucose levels, 73% reduced total cholesterol, and 50% lowered blood pressure. Hypertension admissions declined while hospitalizations for diabetes rose but remained substantially lower than county or state averages. The high school graduation rate increased to 97.4%; however, third-grade English-Language Arts proficiency decreased. The local economy strengthened, median household income increased, and unemployment remained low despite market volatility. The Community Business Partners network expanded to 250 members.

Discussion: Embedding the C.O.R.E Guide transformed disparate activities into a coordinated, data-driven system that advanced residents' health and developed an active and vibrant community. The model is scalable for communities lacking formal government structures and underscores the importance of sustained partnerships, transparent metrics, and leadership coaching.

Keywords: *Communities, Evidence-Based Interventions, Community-Level, Population Health, Community of Excellence Framework, Outcomes, Leadership, Strategy, Customers*

INTRODUCTION

Health, educational attainment, economic opportunity, and public safety are tightly intertwined determinants of individual and community well-being. The Communities of Resilience and Excellence (C.O.R.E) Guide, previously known as Communities of Excellence framework, adapts Baldrige performance-excellence principles (National Institute of Standards and Technology., n.d.) to multi-sector community coalitions, aligning vision, strategy, data, and resources across settings (Communities of Excellence, 2025a). However, in many U.S. regions, these determinants are addressed in silos, generating "islands of excellence" whose impact dissipates at sectoral borders.

Problem

West Kendall, a culturally diverse, unincorporated area of Miami-Dade County, illustrated this paradox: strong clinical performance existed alongside rising chronic-disease admissions, pedestrian injuries, and learning loss. In the absence of a municipal government to provide coordination, cross-sector leaders from healthcare, public health, education, transportation, safety, nonprofits, social services, academia, legal services, and local businesses confronted a structural question: What organizing logic, framework, and infrastructure could unify disparate efforts into a coherent, high-impact system?

Aims

In 2014, West Kendall Baptist Hospital (WKBH) convened Healthy West Kendall (HWK) as the backbone coalition. In 2017, we used the C.O.R.E Guide as a framework for aligning cross-sector partners around a shared commitment to improving quality of life in our community. In West Kendall, this Guide was operationalized through a five-step cascade: Strategy and Attributes → Formulation → Descriptions → Cascading → Execution (Hernandez-Lichtl, 2017), to translate mission and priorities into tactics, targets, and continuous-improvement cycles across domains (see Figure 1). This manuscript addresses the aims and outcomes of the HWK initiative.

METHODS

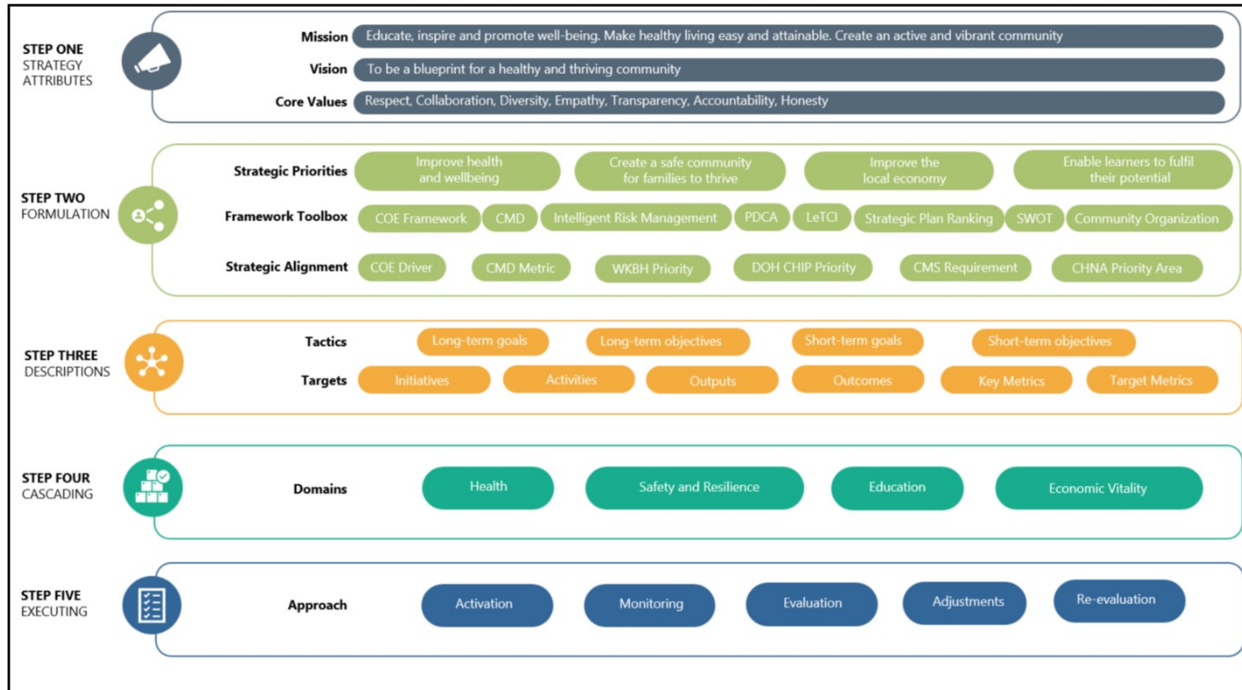
The HWK initiative was established in 2014 and included an intervention portfolio under each domain in the C.O.R.E Guide. Oversight of HWK was provided by a core group (approximately 250 cross-sector partners) who convened quarterly. West Kendall Baptist Hospital supported operations with a full-time executive director, data analyst, and dedicated domain leads. Delivery teams included registered nurses and advanced practice registered nurses who volunteered through the Professional Development & Recognition Program, as well as Magnet nursing councils, educators, legal aid partners, and community-based organizations. The C.O.R.E faculty delivered ongoing virtual coaching to the operational team. Program settings included the hospital lobby and mobile screening hubs, public schools and gardens, community centers, and neighborhood events.

Interventions

The portfolio comprised: 1) Healthy Hub biometric screening [blood pressure, glucose, cholesterol, body-mass index] with nurse coaching and referral, documented in REDCap; 2) Swim/Sun/Heat water and heat safety curriculum with swim lesson scholarships; 3) Sleep Baby Safely infant sleep safety education and kit distribution; 4) School-based education (Administrators' Breakfast; Grow2Heal garden field experiences; MEDTalks Live; tobacco/vaping sessions); 5) Economic vitality initiatives (Community Business Partners network; Taste of West Kendall buy local campaign); and 6) Equity services (Medical-Legal Partnership; Florida International University Neighborhood-HELP wraparound care; Caring for Miami mobile food market; Back to School" and "Holiday" donation drives). Replicable protocols and tools (i.e., standardized nurse workflow sheets, REDCap registry, customer relationship management

Figure 1

Five-step Strategic Planning for Healthy West Kendall C.O.R.E Implementation



Note. CHNA = Community Health Needs Assessment; C.O.R.E. = Communities of Resilience and Excellence; CMD = Community Measurement Dashboard; DOH CHIP = Department of Health Community Health Improvement Plan; PDCA = Plan Do Check Act continuous improvement cycle; LeTCI = Levels, Trends, Comparisons and Integration evaluation rubric; and SWOT = Strengths, Weaknesses, Opportunities and Threats analysis.

Step 1 establishes the overarching mission, vision and core values. Step 2 defines strategic priorities and connects them to planning tools and alignment labels. Step 3 converts strategy into concrete tactics. Step 4 organizes the work into the C.O.R.E domains and Step 5 drives actions embedding continuous improvement during implementation.

(CRM) system, pre/post knowledge assessments, and HIPAA-compliant referral pathways) were used. These targeted interventions aimed to lower the rate of hospital admissions due to diabetes and hypertension, emergency department visits, mental health distress, and potentially impact overall community safety, resiliency, education, and economics.

Measures and Data Collection Procedures

Measures for health outcomes included hospitalizations due to diabetes and hypertension, adults with frequent mental distress, heat-related ED visits, and adult health-insurance coverage. Data was extracted from the Baptist Health data warehouse using ICD-10 specifications. Safety and Resilience indicators included unintentional drowning deaths (counts), nonfatal drowning ED/hospitalization rates, and pedestrian/bicyclist crashes sourced from the Miami-Dade Department of Transportation state-certified dataset (Florida Department of Transportation, 2022). Education indicators were third-grade Florida Assessment of Student Thinking English Language Arts (grades three through 12) and high-school gradu-

Table 1

Healthy West Kendall Communities of Excellence Strategic Scorecard

Healthy West Kendall				Community Comparison 2024				
Objective & Measure	**2022**	**2023**	**2024**	**Doral**	**Pinecrest**	**Miami-Dade**	**Florida**	**US**
Total Population								
Total	350,956	343,665	340,664	193,227	32,582	2,688,237	21,634,529	331,097,593
Under 18	70,483	67,554	65,831	37,511	8,039	528,962	4,294,894	72,325,602
Over 60+	77,086	77,972	72,097	34,825	7,476	555,999	5,701,562	70,685,247
Health								
Hospitalization Rate due to Diabetes (per 10K)	8.1	12.8	13.9	12.3	6.2	22	27.1	-
Hospitalization Rate due to Hypertension (per 10K)	3	4.3	3.9	4.9	1.7	8	8.3	-
Adults with Frequent Mental Distress	13.0%	14.1%	14.20%	13.7%	11.7%	14.4%	15.0%	-
ED Visits due to Heat-Related Illness (per 100K)	7.7	8.2	8.8	5.2	9.0	8.4	26.9	-
Adults with Health Insurance (19 years of age and older)	83.5%	84.3%	85.8%	86.4%	95.7%	84.7%	87.8%	92.1%
Safety & Resilience								
Pedestrian and Bicyclist Accidents	174	Pending	28	10	8	105	-	-
Unintentional Injury: Pedacyclist and Pedestrian Motor Vehicle	3	4	Pending	2	1	73	829	-
Drowning Related Deaths and Hospitalizations	41	-	5	-	-	330	-	-
Unintentional Drowning Deaths (counts)	13	11	-	7	5	96	1,425	-
Nonfatal Drowning ED and Hospitalization Rates per 100K	3.6	6.0	5.2	6.9	6.0	5.6	N/A	N/A
Education Attainment								
High school graduation rate	96.7%	96.2%	97.42%	95.30%	91.60%	94.20%	88.00%	87.0%
Third grade English Language Arts level 3 or above*	69.0%	67.0%	54.8%	Pending	82.1%	53.0%	51.0%	N/A
Economic Vitality								
Median Household Income	$69,965.14	$73,270.14	$79,572.71	$75,342.50	$133,862.00	$67,263.00	$69,303.00	$74,755.00
Unemployment Rate	3.50%	3.90%	3.51%	2.37%	3.90%	3.30%	4.00%	4.3%
Number of Businesses (All Sectors)	7,416	7,807	8,268	14,275	2,165	94,579	616,961	8,148,606

Note. West Kendall population metrics and key performance indicators across domains. English Language Arts includes reading and communication (writing, orally, following conventions, researching, creating, and collaborating).

ation rate, obtained from the Florida Department of Education (2024a; 2024b). Economic Vitality indicators included median household income, unemployment rate, and the number of registered businesses compiled from SunBiz (Florida Department of State - Division of Corporations, 2025) and reconciled by the Florida International University Metropolitan Center. Community Business Partners' activity was tracked in the CRM system. The complete monitoring set is illustrated in Table 1. Process measures included screening encounters per quarter and program participation. REDCap entries occurred at the point-of-care or on the same day.

Analysis

We conducted a cross-sectional evaluation of the HWK initiative and compared population data from West Kendall to various regions across Florida and the U.S., utilizing the C.O.R.E. Guide as our framework. According to the U.S. Census Bureau (2024), the population in 2024 was 340,664, with 65,831 residents aged less than 18 years and 72,097 residents aged 60 years or greater.

Primary analyses covered the years 2022 to 2024. Given that standardized tracking workflows (REDCap registries and CRM system) were deployed in late 2022, we emphasized 2024 activity counts for fidelity and comparability. Earlier years lacked complete, auditable attendance and outcome records.

RESULTS

Across its strategic domains, HWK translated the C.O.R.E. Guide into a portfolio of initiatives that reached residents in their communities (Robert Wood Johnson Foundation, 2025; Office of Disease Prevention and Health Promotion, n.d.). Population-level Indicators are depicted in the 2024 Scorecard (see Table 1).

Population Structure

The population remained stable at 340,664 residents in 2024. Notably, residents aged 60 years or older (n = 72,097) now outnumber youth under 18 years (n = 65,831), while the under-18 cohort continued a mild post-pandemic decline (- 6.6% since 2022).

Health

Since program launch in 2014, Healthy Hub has delivered more than 37,000 no-cost screenings; this cumulative figure is provided for context. In 2024, the Healthy Hub completed 3,200 no-cost biometric screenings (2,700 in the hospital-lobby and 500 in the mobile hub) with nurse coaching and referral. Among returning visitors in 2024 (greater than two encounters with a baseline and follow-up), 85% improved glucose, 73% reduced cholesterol, and 50% lowered blood pressure. Hypertension admissions declined from 4.3 per 10,000 residents in 2023 to 3.9 per 10,000 residents in 2024, lower than Miami Dade County (eight out of 10,000 residents) and the state of Florida (8.3 out of 10,000 residents). In contrast, hospitalizations for diabetes rose from 8.1 per 10,000 residents in 2022 to 13.9 per 10,000 residents in 2024, but remained substantially lower than Miami-Dade County (22 per 10,000 residents in 2024) and the state of Florida (27.1 per 10,000 residents in 2024). Adult health insurance coverage continued its upward trend, reaching 85.8% in 2024 (Miami-Dade: 84.7%; Florida: 87.8%; U.S.: 92.1%). The proportion of adults reporting frequent mental distress increased modestly from 13.0% in 2022 to 14.2% in 2024, which is comparable to Miami-Dade (14.4%), but less than the state of Florida (15.0%). Emergency department visits for heat-related illness were 7.7 per 10,000 residents in 2022, 8.2 per 10,000 residents in 2023, and 8.8 per 100,000 residents in 2024 remaining well below the Florida rate (26.9 per 10,000 residents in 2014).

Safety and Resilience

Encouraging early positive trend signals were observed, with several 2024 safety sub-files pending validation. Drowning mortality declined from 13 deaths in 2022 to five deaths in 2024, concurrent with expansion of the Swim/Sun/Heat curriculum (2,367 students; 112 teachers) and 100 swim-lesson scholarships in 2024. Non-fatal drowning incident rates were six out of 100,000 in 2023 and 5.2 out of 100,000 in 2024, the latter approximating the Florida average and below Miami-Dade (6.9 out of 100,000 residents). Pedestrian/bicyclist crashes numbered 174 incidents in 2022; pending updated 2024 counts will determine whether hotspot remediation achieved the targeted reduction of ≥ 10%. Collision deaths remained low (three to four per year) and below county and state baselines. Although select 2024 safety datasets are still being validated by the Florida Department of Health and the Miami-Dade Department of Transportation, the available evidence suggests meaningful gains in water and safety outcomes.

Education

Secondary school completion remains high with the high school graduation rate increasing from 96.7% in 2022 to 97.4 % in 2024, exceeding local, state, and national benchmarks (i.e., Doral 95.3%, Pinecrest 91.6%, Miami-Dade 94.2%, Florida 88.0% and U.S. 87%). Annual engagement with 40 public and private school administrators facilitated bidirectional communication on needs and resources. In 2024, Grow2Heal field trips provided experiential, garden-based STEM learning to 260 elementary and middle school students that reinforced science standards and healthy eating habits. Also in 2024, 600 participants attended MEDTalks Live to acquire foundational knowledge of healthcare careers. In contrast, third-grade English-Language Arts proficiency decreased from 69.0% in 2022 to 54.8% in 2024, mirroring county (53%), and state (51%) patterns and reinforcing the need for intensified kindergarten-through-third-grade literacy supports.

Economic Vitality

West Kendall's local economy strengthened across every metric, outpacing most county, state, and national comparators. Median household income increased from $69,965 in 2022 to $79,573 in 2024, and unemployment remained low and stable (3.50 % to 3.51 %). Registered businesses increased almost 11% from 7,416 to 8,268 enterprises. West

Kendall compares favorably with Miami-Dade County (median household income $67,263; unemployment 4.0%), approaches U.S. median household income ($74,755), and benefits from active Community Business Partners engagement, buy-local campaigns, and sustained entrepreneurism and small-business retention.

Targeted equity programs provided wrap-around social services support. Activities in 2024 included The Medical Legal Partnership, which integrated pro bono legal counsel with clinical care and assisted 170 residents, the Florida International University Neighborhood Help Partnership, which provided wrap-around services to 133 individuals in 74 at-risk households, and the Caring for Miami mobile food market and donation drives. Outcome metrics, specifically the prevalence of household food insecurity and case-resolution rates, are not currently included in the scorecard. Collectively, the 2024 results confirm progress in secondary-school completion, economic vitality, cardiovascular disease reduction, and water and safety outcomes. The 2024 results also highlight diabetes admissions, early-literacy performance, and climate-related morbidity as priorities for the next Plan-Do-Study-Act (PDSA) cycle.

DISCUSSION

Healthy West Kendall's first decade demonstrates that the C.O.R.E Guide can unify independent programs and produce measurable change, provided that three enabling conditions are in place: (1) unwavering senior leadership support, (2) a dedicated backbone team, and (3) disciplined use of data for learning. A clear, shared "why", focused on an ageing demographic profile, chronic disease burden, and climate-related risks, helped sustain momentum across sectors. Over the past decade, the coalition has expanded its reach, strengthened its economic vitality, and achieved favorable results on several health and safety indicators (Mejia, 2024).

The co-occurrence of the 2024 decline in hypertension admissions and the mobile expansion of the Healthy Hub suggests a plausible pathway (screen-detect-refer with nurse coaching). Similarly, the reduction in drowning mortality in 2024 coincided with the scaling of the Swim/Sun/Heat curriculum (2,367 students; 112 teachers; 100 scholarships). These associations are consistent with the program theories of change, but should be interpreted cautiously, given the potential for confounding factors (e.g., weather variability).

Healthy West Kendall has earned local and national recognition, such as being a finalist for the Greater Miami Chamber of Commerce Healthcare Heroes Award in 2024 and the silver level C.O.R.E national recognition, making it one of only two U.S. hospital-anchored communities honored. These recognitions likely contributed to partner engagement and operations continuity.

The C.O.R.E Guide framework has also proven to be feasible and efficacious in other communities. Early reports from Saratoga County, New York (Rodriguez-Goodemote, 2025) and McCook, Nebraska (Communities of Excellence, 2025b) reported increased partner alignment and preliminary health gains after adoption. San Diego South Region implemented innovative annual partner engagement surveys and multilayer dashboards covering behavioral health, homelessness, and food insecurity (Norling, 2017). Excelsior Springs, Montana reported measurable reductions in suboptimal housing rates (Communities of Excellence, 2025c). While contexts differ, these examples reinforce that disciplined leadership systems and transparent dashboards can catalyze shared accountability.

Relative to other C.O.R.E communities, West Kendall excels in data infrastructure, most notably its early adoption of the C.O.R.E digital scorecard with five high-level and fifteen cascading metrics. The decision to invest in segmented data enabled clearer equity monitoring and targeted interventions in subsequent cy-

cles. Additionally, embedding Magnet nursing councils and frontline teams significantly contributed to operational cohesion. Importantly, the coalition leveraged its Professional Development & Recognition Program, where 261 registered nurses and advanced practice registered nurses volunteered 859 service hours and reached approximately 20,000 people in 2024. The effort further boosted capacity, standardization, and community touchpoints across programs.

The data reported here, and its evaluation, are grounded by a mature backbone structure, standardized data capture, and quarterly PDSA governance that enable consistent delivery, transparent monitoring, and timely course correction. Building on this capacity, HWK has already begun mentoring two Florida communities, sharing templates, dashboards, and memoranda of understanding. Notably, one of these communities, Coral Gables, achieved silver recognition on its first full criteria submission (Norling, 2024).

Collectively, the data suggest that coordinated actions among hospitals, chambers, and small businesses have fostered an environment where incomes rise, jobs remain available, and new enterprises launch their businesses, advancing the coalition's goal to "educate, inspire and promote well-being, make healthy living easy and attainable, and create an active, vibrant community" (Mejia, 2024).

Table 2

Implementation Checklist for Adopting the C.O.R.E. Guide

Domain	Recommendation	Minimal starting action
Leadership & governance	Secure senior-leadership endorsement (with protected time and accountability).	Obtain a signed sponsor letter naming an executive champion and quarterly review frequency.
Readiness & entry path	From the C.O.R.E Guide, choose a readiness-matched entry: *Building Strong Teams (forming/rebooting coalitions) or Social Impact Accelerator (mature collaboratives seeking quick, data-driven wins)*.	Complete a brief readiness assessment; select pathway and 90-day milestones.
Measurement infrastructure	Develop REDCap registries, Customer Relationship Management Forms and a digital scorecard with segmentation.	Define 8–12 core indicators; configure REDCap/CRM forms; publish a prototype scorecard.
Community voice	Institute a brief, periodic resident survey with representative sampling.	Approve a 6–10 item instrument; schedule semiannual administration.
Engagement & recognition	Hold regular recognition events and public progress updates.	Calendar biannual showcases; publish a one-page progress brief; recognize perspectives.
Coaching & capability	Build internal coaching capacity	Enroll 2–4 local leads in coach training; assign to workgroups.
Funding & sustainability	Diversify funding (e.g., Founders Fund, local philanthropy, pooled grants).	Map three funding streams; align proposals to scorecard priorities.

Note. C.O.R.E. = Communities of Resilience and Excellence; CRM = Customer Relationship Management

Recommendations for Communities

Communities seeking to adopt the C.O.R.E Guide should align around a shared "why", secure senior-leadership commitment that protects time and accountability, choose a readiness-matched entry path (Milestone 1 of the C.O.R.E. Impact Pathway; Milestone 2 for mature collaboratives), and design basic measurement infrastructure. To sustain momentum and equity, programs should elevate resident voices through brief, periodic surveys, regularly recognize partners to reinforce engagement, build coaching capacity to reduce reliance on external consultants, and diversify funding to buffer grant cycle volatility (see Table 2). By anchoring their work in a compelling "why", systematically gathering resident perspectives, and aligning Fit-for-Purpose program pathways with robust data tools, and trained coaches, communities can transition from fragmented initiatives to a cohesive, evidence-driven system of collective impact (see Table 2) and shorten the time between coalition formation and measurable population-level outcomes.

DECLARATION OF INTEREST

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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